

HOLD FORM

FOR OFFICE USE ONLY

☐ Mailed ☐ Faxed

Received Date: _____

Faxed Copy Back at
_____ am/pm on ____/____/____

PRIMARY MEMBER NAME

LAST _____ **FIRST** _____ Home Phone (____) _____

Email _____ Cell Phone (____) _____

Address _____

Fax Phone (____) _____

****Please provide fax number for confirmation when faxing request.**

HOLD POLICY

CRC memberships may be placed on hold for a maximum of 3 months and a minimum of 1 month within a calendar year. The CRC requires 15 days notice to place a membership on hold and a \$15 processing fee per hold request.

MEMBER INITIALS REQUIRED:

_____ I understand that my bank draft will automatically be reactivated and the membership will resume at the end of the hold period.

_____ I understand this form does not cancel my membership, only delays my bank draft for the Hold period requested below.

DRAFTED MONTHLY - Please select one:

Hold begins and ends on the current draft date.

☐ 1st of month OR ☐ 15th of month

ANNUAL MEMBERSHIP-

Hold begins and ends on the 1st of the month.

TYPE OF MEMBERSHIP (Check all that apply and include member names for Add-Ons)

<input type="checkbox"/> Adult	<input type="checkbox"/> Special Hours	<input type="checkbox"/> Splash Aquatics _____
<input type="checkbox"/> Family	<input type="checkbox"/> Special Hours Couple	<input type="checkbox"/> Masters _____
<input type="checkbox"/> Youth/Teen	<input type="checkbox"/> Adult Plus _____	

Hold to be effective for- ☐ 1 Month ☐ 2 Months ☐ 3 Months

Hold from _____ To _____.

Membership will automatically resume on _____.

TOTAL DUE: \$15 Processing Fee

☐ Visa ☐ MC Credit Card # _____ - _____ - _____ - _____ Expiration Date: _____/_____/_____

☐ Cash ☐ Check # _____ Name on Card: _____

Member's Signature: _____ **Date:** _____

☐ Yes ☐ No **I received a copy of this form for my records.**

(Received by) Staff Name: _____ Date: _____ *Staple receipt to the back of form.*